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OBSERVATIONS

on

Mr. Baynton's

METHOD OF TREATING

ULCERS ON THE LEGS.

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Mr. Baynton's Method of treating Ulcers on the Legs.

Old ulcers on the legs often come under the review of the hospital-surgeon, and are a source of much misery to the lower orders of the people. The methods of treating this complaint have been defective, and sometimes the endeavours of the surgeon have been frustrated by the patient. Hospitals are crouded with cases of this kind, unless restrictive regulations are adopted, and they furnish a ready cause of imposition on such charities. After twice admission into the Manchester Infirmary they receive its benefits as out or home-patients only, for previous to this rule a set of

these cases was a burden on the charity every winter.

Ulcers thus situated have received different appellations indicative of their peculiar nature, as carious, scrofulous, scorbutic, venereal, and cancerous, from being combined with caries, scrofula, scurvy, cancer or the venereal poison; or from being attended with fungus, sinus, callous edges, or a varicose state of the veins, forming the fungous, callous, varicose, or sinuous ulcer. Their description and appropriate treatment will be found detailed in chirurgical writers as governed by the prevailing opinions at the respective periods of their publications.

It not uncommonly happens that a combination of the different kinds of ulcer takes place, and that the callous is attendant on a specific morbid action. The latter may be removed, and yet the ulcer be intractable from assuming the former character. Whatever plan of treatment be adopted, it appears evidently the intention to reduce it to the state of a simple ulcer, and in this form, or when attended with callus, the plan of treatment recommended by Mr. Baynton will, I apprehend, be extremely proper. The author has not referred it to any particular species of ulcer.

For some years I have been endeavouring to form a ground of preference in the choice of remedies applicable to this common kind of ulcer, and after a trial of them all, the plan of Wiseman, of applying precipitate and tight bandages, has gained a decided preference. When the granulations rise above the level of the skin the vitriol of copper has been substituted, as repressing them, and leaving the surface more disposed for cicatrization. Rhubarb, so strongly recommended by Mr. Home, is feeble in its powers when compared with precipitate. But the admirable plan of applying adhesive plasters, as directed by Mr. Baynton, frees the surgeon from further difficulty in his choice of means. The principle of their operation is exemplified in the application of sheet-lead, as approved by the late Mr. Else, which from nicety in its application, has fallen into disuse. Mr. Baynton observes, that the efficacy of his plan depends on the "endeavour to bring the divided parts nearer together." But whoever attends to its effect in an extensive old ulcer on the anterior part of the leg, for example, will see the impossibility of bringing the original skin to approximate. Admitting his facts, the benefit may be produced in two ways, first, by acting as a bandage, giving tone and removing induration; secondly, by keeping the ulcerated surface level with the surrounding skin. The utility

of bandages is generally allowed, and it would seem that a bandage made of such materials is preferable, by making a more steady and uniform pressure than a common roller. The process of skinning resembles the freezing of water, or the crystallization of salts, both of which are facilitated by an even surface, which is essential to the due configuration of the crystals. On this principle it is that the adhesive plasters are so efficacious. In an old hollow ulcer, with hard callous edges, the cure is accomplished by the filling up of the cavity with new granulations, and the subsidence of the neighbouring parts. Whilst the former is going on, the latter is effected by pressure inducing the absorption of the thickened and indurated integument, occasioned by interstitial deposition. These two points being attained, cicatrization or the crystallization of skin, will be greatly assisted by keeping the surface level. This stage of the healing process takes place in a beautiful and rapid manner under this treatment. But, should the granulations be suffered to rise above the level of the adjoining skin, an immediate obstacle presents itself, and the skinning is impeded. That there is an extensive production of new skin may be ascertained by admeasurement from day to day. Viewing the introduction of this practice as one of the greatest improvements in modern surgery, I have thus attempted an ex-

plication of the principle on which it acts, in a manner somewhat different from its inventor, hoping thereby to extend its utility. I now apply it in all cases where there has been a destruction of common integument, and find that it does more in one week than could be accomplished in several according to the old method. In persons of an irritable skin the emplastrum lithargyri answers equally well, and is not liable to excite excoriation.